

# Water Screening Report

Receipt # \_\_\_\_\_

Collection Date: \_\_\_\_\_  
Collected Water From: Circle one: **(kitchen tap)** (other) \_\_\_\_\_  
Address Water Collected: \_\_\_\_\_  
=====

**Paid by:** Ck # \_\_\_\_\_  
Cash \_\_\_\_\_

**Results sent on request: (Name)** \_\_\_\_\_

**(Address)** \_\_\_\_\_

**(City)** \_\_\_\_\_ **(Zip Code)** \_\_\_\_\_

**(Phone)** \_\_\_\_\_  
(You will be contacted by phone as soon as the results are available.)

## Bacterial Test

Incubator Temperature \_\_\_\_\_ (C°)

Analysis	Code	Cost / Test	Maximum Contaminant Level	Results
#1 Coliform Screen	0042	\$8.00	< 1	(Negative) (Positive) E-coli and Coliform Bacteria

## Chemical Test

Sample Bottle, provided by the client, labeled: \_\_\_\_\_

Check all that apply	Analysis	Code	Cost / Test	Maximum Contaminant Level	Results (grains)	Results (mg/l)
	Hardness	0012	\$2.00	< 400 mg/l		
	Nitrate as N	0008	\$2.00	< 10 mg/l		
	Iron	0010	\$2.00	< 0.3 mg/l		
	Total Alkalinity	0009	\$2.00	< 60 to 300mg/l		
	Chloride	0013	\$2.00	< 250 mg/l		
	Fluoride	0007	\$5.00	< 4 mg/l		
	pH	0014	\$2.00	6.5 to 8.5		
	Sulfate	0015	\$2.00	< 250 mg/l		
<b>Total for the above testing.</b>						

**Analyst:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Steven DeHart R.S. / REHS